



# CHETCO COVE YACHT CLUB

## Port of Brookings Harbor

### Membership Application

Name \_\_\_\_\_  
Last First Middle

Membership type (circle one) (R)egular (S)ocial (J)unior  
(Full dues are required for each voting Regular member.)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_

Email (required) \_\_\_\_\_

Email (#2) \_\_\_\_\_

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Spouse/Partner Information

Name \_\_\_\_\_  
Last First Middle

Voting Regular member (circle one) (Y)es (N)o  
(Full dues are required for each voting Regular member. Only one initiation fee per couple)

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email (required) \_\_\_\_\_

Applicant name: \_\_\_\_\_

## Family Information

Name of Children \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

\_\_\_\_\_

## Affiliations

I am currently a Member of the following Clubs:

\_\_\_\_\_

\_\_\_\_\_

## Boat Information

Do you own a boat: (Circle one) (Y)es (N)o if yes: (P)ower (S)ail

Length \_\_\_\_\_

Boat Name \_\_\_\_\_ Manufacturer \_\_\_\_\_

(100%) Owner (50%) Owner If 50%, other owner (s) \_\_\_\_\_

## Initiation Fee

The Initiation fee must be presented with this Membership Application form to the Club Membership Coordinator.

I am applying for Membership in the following Category: (circle one) (R)egular (S)ocial (J)unior

## Payment of Membership Account

Dues are assessed annually on January 1 of the current year. New member dues are prorated to the month the member is accepted into CCYC. Annual dues payments are preferred, however, semi annual and quarterly payments are acceptable. Applicant agrees to pay the account when due. The membership privileges of any member whose account is delinquent will be suspended.

It may be possible to request an automatic payment from your credit card, or bank account.

I understand that my membership application will be reviewed by the CCYC Membership Committee and must be approved by its Board of Directors. As part of such review, the CCYC may make inquiries regarding my character, general reputation and credit standing. If elected to membership, I agree to acquaint myself with the House Rules and By-Laws and govern myself accordingly.

Application Signature \_\_\_\_\_ Date \_\_\_\_\_

## Membership Endorsement

This application must be endorsed by 2 members in good standing. If the applicant is not known to the required number of members in good standing, the membership chairman may assist in obtaining the required endorsements.

Sponsor: (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

Sponsor: (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

Applicant name: \_\_\_\_\_

## Resignation

It is agreed that the applicant may resign from the Club by giving notice to the Club. The effective date of the resignation will be the date the Board approves the applicant's written notification plus the return of the applicants and family membership cards and access keys, if any. Payment of all outstanding charges for which the applicant is liable are due upon the effective date of resignation.

For Office Use Only

Processed by

\_\_\_\_\_ Date \_\_\_\_\_

Membership Committee

Initiation Fee \_\_\_\_\_ Paid in full on \_\_\_\_\_

Dues Payment paid on \_\_\_\_\_ Received by \_\_\_\_\_

Date of Application \_\_\_\_\_

Classification \_\_\_\_\_

Sponsor \_\_\_\_\_

Accepted / Denied \_\_\_\_\_ Date \_\_\_\_\_

Burgee delivered \_\_\_\_\_ Date \_\_\_\_\_

Applicant name: \_\_\_\_\_